

Low Risk Chest pain
8/6/2017

Calculate a HEART score when suspicion is low for the big six critical cardiopulmonary causes of chest pain and you're thinking the patient could probably go home (ACS, pericarditis with tamponade, pneumonia, pneumothorax, and pulmonary embolism). Each category gets a score 0-2 depending on how concerning the finding.

History: the only subjective portion of the score

0. Not concerning pain (sharp non-exertional that gets better with rest)
1. In between
2. Very concerning pain (crushing chest pain that radiates to shoulder)

ECG: 0 = completely normal; 1 = non-specific changes; 2 = ischemic changes (peaked T waves, STD, STE, new LBBB)

Age: 0 = <45, 1 = 45-60, 2 = >60

Risk factors: 0 = none, 1 = 1-2 RF, 2 = >2 RF

Troponin: 0 = below detection, 1 = borderline, 2 = above lab cutoff

When ≤ 3 :

- <2% risk of major cardiac event in six weeks
- Reduce this to <1% if you repeat troponin at 3 hours

Quick Facts

- Silent MI is common (over 25% of acute MI!!), especially in elderly and diabetics. These patients are having a BIG MI and not having any chest pain. Could present with dyspnea, CHF, confusion, or delirium in elderly.